# L09000077871

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**EXAMINER** 

# **COVER LETTER**

TO:	Registration Se Division of Cor		• , •	·	
SUBJEC	<u>, Ê.C</u>				
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	turn all correspo	ndence concerning this matter	to the following:		
SOUTHWEST FLORIDA MEDICAL SOLUTIONS, LLC					
	·				
FORT MYERO, ELORIDA 20004					
FORT MYERS, FLORIDA 33901  City/State and Zip Code			<u>≥</u> co		
		WWW.MED	M 2 APR		
		on) S S			
For further information concerning this matter, please call:					
	KRIST	EN J TOUHEY	at ( 239 ) 62	81124	
	Name of	f Person	Area Code & Daytime Te		
Enclosed	is a check for th	e following amount:			
\$25.0	0 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

### **MAILING ADDRESS:**

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOUTHWEST	FLORIDA M	EDICAL SOLUTION	S, LLC	
(Name of the Limite	d Liability Compa A Florida Limited	ny as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited I Florida document numberL0900007	Liability Company	were filed on <u>\\$\ \3</u>	and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name o	of the limited liab	bility company here:		
	N/A	4		
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Company," the d	esignation "LLC" or the abbreviatio	
Enter new principal offices address, if applicable:		19910 S TAMIAMI TRAIL SUITES B AND C		
(Principal office address MUST BE A STREET ADDRESS)		ESTERO FLORIDA	33928	
Enter new mailing address, if applicable:		NO CHANGE	12 12 12 12 12 12 12 12 12 12 12 12 12 1	
(Mailing address MAY BE A POST OFFICE BOX)			PR 1	
B. If amending the registered agent and	or registered of	ffice address on our recor	ds, enter the name of the new	
registered agent and/or the new registered o	mce address nei	<u>re</u> :	: 38 ATE JRIUA	
Name of New Registered Agent:	NO CHANC	GE		
New Registered Office Address:	NO CHANC	GE .		
		Enter Florid	a street address	
	<u></u>		Florida	
		City	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action Title** <u>Name</u> **Address** NO CHANGES Remove ☐ Add Remove ☐ Add ☐ Remove □Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) NO OTHER CHANGES 4/25/2012 -Dated Signature of a member of authorized representative of a member **kRISTEN TOUHEY, MMBR/REGISTERED AGENT** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00